

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3190HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/05/2010
NAME OF PROVIDER OR SUPPLIER HEALTHSOUTH REHABILITATION HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 10301 JEFFREYS ST HENDERSON, NV 89052		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure focused re survey and complaint investigation conducted in your facility on 8/5/10 and finalized on 8/5/10, in accordance with Nevada Administrative Code, Chapter 449, Hospital.</p> <p>Complaint #NV00025900 was substantiated with deficiencies cited. (See Tag S298)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000			
S 089 SS=E	<p>NAC 449.316 Emergency Preparedness</p> <p>2. A hospital shall develop and carry out a comprehensive plan for emergency preparedness which:</p> <p>(a) Addresses internal and external emergencies, both local and widespread; and</p> <p>(b) Is based on current standards for disaster management and fire safety.</p> <p>This Regulation is not met as evidenced by:</p> <p>Based on document review, the facility failed to</p>	S 089			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 175	Continued From page 2 a. The walk-in freezer condenser fans had excess ice build-up. b. There were household refrigerators and household microwaves located within each nourishment room of the hospital. Severity: 1 Scope: 3	S 175			
S 219 SS=E	NAC 449.340 Pharmaceutical Services 5. Drugs and biologicals must be controlled and distributed in a manner which is consistent with applicable state and federal laws. This Regulation is not met as evidenced by: Based on observation, interview and record review the facility failed to insure expired medication was not stored at the facility. Findings include: On 8/5/10 the following expired medications were found inside the medication room; 1. 2 Insulin pens with expiration dates 09 and 4/10. 2. 1 Insulin vial past 30 day open date 3. 6 bags of D5.45 NS with 10 meq of K expired 8/4/9. 4. 2 expired culture bottles. 5. Seven vials of antibiotics with various expired dates.	S 219			

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S 219	Continued From page 3 On 8/5/10 five expired Heparin locks (expiration dates 4/08 and 10/08), and one vial of Lidocaine (expiration date 2/09) were found in the crash cart. The facility's medical storage policy dated 8/01 and revised 5/10 indicated that "pharmacy stock shall be examined at least quarterly for drugs expiring during the next 12 months, and colored dots placed on the storage bins according to the expiration log schedule for the corresponding quarter. Any drugs expiring during the current quarter will be removed from stock and segregated for disposition. Stock in the Pyxis will be examined, removed if expiring, and replaced if appropriate."	S 219			
S 298 SS=E	NAC 449.361 Nursing Service 9. A hospital shall ensure that its patients receive proper treatment and care provided by its nursing services in accordance with nationally recognized standards of practice and physicians' orders. This Regulation is not met as evidenced by: Based on record review, document review and interview the facility failed to ensure patients received proper treatment and care provided by it's nursing services in accordance with physician's orders for 2 of 4 patients (patient #1 and #3). Findings include: 1. The physician orders dated 5/10/10 for patient #1 indicated the left heel was to have Santyl with Polysporen daily with CaAlg dressing. The	S 298			

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S 298	Continued From page 4 medication administration record lacked documentation of the left heel being medicated and the dressing changed with Santyl, Polysporen and CaAlg on 5/12/10, 5/13/10 or 5/14/10. 2. Patient #3's nurses notes contained inconsistent wound documentation. Scope 2 Severity 2 Complaint # NV00025900	S 298			

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